



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105

**Site Characterization of Shallow Injection Wells
per the UNDERGROUND INJECTION CONTROL (UIC) PROGRAM**

Note: This form serves two functions: (1) as a self-audit tool, and (2) as a regulatory audit tool in the event that a contamination potential is suspected from your shallow injection well(s). You are not required to submit this information to EPA unless specifically requested. Failure to complete this form in response to an EPA request (per 40 CFR Part 144.27 and/or 144.83) could result in formal enforcement action.

Facility Name:	
Facility Address:	
Owner Name:	
Owner Telephone:	
Owner's Representative:	
Representative Tel./email:	

Instructions: Respond to all of the questions below. For any questions you leave blank, assume the highest risk value for that question (in order to ensure protection of soil and ground water.) Owners may wish to hire an engineer, geologist or other environmental professional for completion of this document. Attach a copy of your completed "Inventory of Injection Wells" form for the subject shallow injection well(s).

1. This injection well is regulated by a
local or state water quality agency ☐yes ☐no
If yes, permit number and issuing agency name should be listed on your inventory form.
2. This injection well was built in (year: _____)
and has been used for the disposal of waste from this facility for _____ years.
If this facility has not been the sole user of the injection well, attach a list of previous facilities (and a description of activities performed on site) and approximate years of use by each operator.
3. The area draining waste fluids to this injection well measures: _____
4. The number of drains plumbed to the shallow injection well is: _____
5. The flow of waste to the shallow injection well is _____ gallons per _____ (day, week or month.)
6. The last time that sediments were cleaned from the inside of the shallow injection well was
_____ (date). Check all that apply:
☐ sediments were removed by a licensed waste hauler (give copy of receipt)
☐ sediments were removed by me or my staff and stored in containers for
removal by a licensed waste hauler
☐ sediments were sampled by a licensed environmental laboratory, and the following
contaminants were detected (attach list)
☐ sediments were removed and taken to a landfill or dump

(CONTINUED)

7. This injection well receives (check all that apply)

- ☐ wastewater drained from shop area/maintenance bay
☐ wastewater drained from unroofed washing or maintenance facilities
☐ stormwater drained from facility
☐ sanitary wastewater drained from facility kitchens/bathrooms

8. What is the average rainfall per year in your area? _____ inches/year

9. How deep is the water table in your area? _____ feet below ground surface

If there is more than 5 foot fluctuation between wet and dry season water table depths, please answer with range.

10. Are there any public or private water supply wells within 1/2 mile of the injection well?

☐ yes ☐ no Are there any wells at your site? ☐ yes ☐ no

11. Is your injection well located in an area which has been designated by a state or local water supply agency as being vulnerable to contamination (such as Source Water Protection Area, Wellhead Protection Area)?

☐ yes ☐ no

12. Is your injection well located within 1/4 mile of any surface streams, public drainage ditches, or other waterways?

☐ yes ☐ no

13. On a separate sheet of paper, please list all of the chemical products used at your facility (including soaps and other cleaning agents) which are in the drained area and are disposed of into the injection well or could, through contact with water or from a spill, drain to the injection well. If you have completed a similar list for your local hazardous materials program, a copy of that record should provide most or all of the information we are requesting. Please note presence of fuel.

14. Please attach 3 facility maps:

- Vicinity map, depicting site location relative to landmarks within 1 mile radius, including waterways, streets/highways, and urban/industrial/residential areas, with North clearly marked.
- Plan View map showing address, buildings at site, water wells, disposal wells, monitoring wells, and other distinguishable facility characteristics, with North clearly marked.
- Injection Well schematic: for each injection well, scaled and detailed cross-section drawing of the shallow injection well, including the layout of all pipe and other constructed conveyances, and other subsurface site features, such as underground storage tanks.

15. Does your shop use any Best Management Practices (BMPs) to physically isolate, minimize or eliminate use of potential contaminants? On a separate sheet of paper, please describe steps you have taken to limit use of drainage well to non-hazardous wastewater.

By signing this document, you are certifying that the information provided is true and correct to your knowledge as of this date:

 Name (printed)

 Name (signature)

 Date

CHECK ALL ATTACHMENTS:

- 9 Inventory Form
- 9 Site Use History
- 9 List of on-site contaminants
- 9 3 site maps: area, plan view, injection well
- 9 list of BMPs to protect drain(s)

For Regulator Use Only:

Date Rec'd: _____

Reviewed by: _____

Select One: Rule authorize
 Sampling needed

Forward to: _____